



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 149
Riverdale, MD 20737-1237
Telephone: 301/734-8962

ENQL 7-1 CY04

PERMANENT

Retire 12/09

December 17, 2004

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) single adverse effects incident report

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of October 30, 2004.

EPA Reg. No. 56228-15M-44 Cyanide Capsules
Active Ingredient: CAS No. 143-33-9
Sodium Cyanide

Incident Category
D-A

No. of Incidents
1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

Carl Bausch
Chief, Environmental Services
Policy and Program Development

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

N. Spurling called to check on this 12/30/04

56228-22

See revised version beginning page 4

N.S. called K. Dial 1/21/05
We agreed to use 39508-2 since we had no reason to doubt the original reporter.

APHIS wildlife man applied the product but the NM people were comfortable with USAPHIS reporting.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 8-11-04 6:00 P.M.	ES USE ONLY REPORT NUMBER
	Date 8/16/04 <input checked="" type="checkbox"/> New	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)		TELEPHONE NUMBER
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other		

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

DOMESTIC DOG WAS EXPOSED TO COMPOUND 1080 RESIDUE ON WOOL.

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

EPA REGISTRATION NUMBER 39508-2	PRODUCT NAME Livestock Protection Collar Compound 1080	ACTIVE INGREDIENT sodium Fluoracetate	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

HAD SMALL piece of WOOL IN Bait Box stained with 1080 wrapped in plastic Bag. Dog jumped in Pickup when I WAS IN house
HAD Burned 1080 collar the night before but forgot about wool. I didn't know Dog had gotten wool until I got home about 6 P.M.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY
REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

< 1

SPECIES COMMON NAME

Domestic Dog

BREED (If known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog got IN Back of truck while I was IN permission for Aerial crew to train pilot. Dog got into plastic Bag containing 1080 stain wool. I left the Ranch without knowing of Dog wool and about Dog Dying. called about 6.P.M that night wanting to know what to do hence obtaining

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

ADDITIONAL FACTORS

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 149
Riverdale, MD 20737-1237
Telephone: 301/734-8963

301-734-8378 for K. Dial

ENQL 7-1 CY05
PERMANENT
Retire 01/10

January 04, 2005

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: Re-submission of FIFRA, Section 6(a)(2) single adverse effects incident report

Dear Mr. Spurling:

This is a corrected re-submission of a single adverse effects incident report dated December 17, 2004. The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of October 30, 2004.

39508-2 71 Spurling after discussion with K. Dial 1/21/05
EPA Reg. No. ~~56228-22~~ Compound 1080
Active Ingredient: CAS No. 62-74-8
Sodium Fluoroacetate

<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1

Thank you for calling attention to the error in our original report.

Sincerely,

Kenneth Dial

Kenneth Dial
Environmental Protection Specialist
Environmental Services
Policy and Program Development

Enclosure

APHIS Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

rec'd in
ISB
1/11/05

NSpurling also talked
with Jeff Jones about
the fact that technically
it is the registrant's
obligation to report
under 6(a)(2).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 8/16/04	<input type="checkbox"/> Update	8-11-04 6:00 P.M.	
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
STATE COUNTY		<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other		

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

DOMESTIC DOG WAS EXPOSED TO COMPOUND 1080 RESIDUE ON WOOL.

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

EPA REGISTRATION NUMBER 39508-2	PRODUCT NAME Livestock Protection Collar Compound 1080	ACTIVE INGREDIENT sodium fluoroacetate	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

HAD SMALL piece of WOOL IN Bait Box stained with 1080 wrapped in plastic Bag. Dog jumped in Pickup when I was in house. Had Burned 1080 collar the night before but forgot about wool. I didn't know Dog had gotten wool until I got home about 6 P.M.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

OK

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED <i>< 1</i>
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SPECIES COMMON NAME <i>Domestic Dog</i>	BREED (If known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS
Dog got IN Back of truck while I was in permission for Aerial crew to train pilot. Dog got into plastic Bag containing 1080 stain wool. I left the Ranch without knowing of Dog called about 6.P.M that night wanting to know what to do wool and about Dog Dying.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE